DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/19/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A002	A. BUILDING 01 - MAIN BUILDING 01 B. WING	04/05/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMIE HOLT CARE CENTER	497 W LOTT BUFFALO, WY 82834

4/27/05

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS Surveyor#: 18185 The regulatory reference is 42 CFR 483.70 (a) except where a different regulation may be specifically referenced K3: Building: Type V (111) with a complete sprinkler system. The building is one story with the kitchen, boiler room, laundry, and maintenance department housed in the basement under the hospital. The nursing home is separated from the hospital by a 2-hour fire rated barrier. The three doors in the 2-hour fire rated barried are 1 1/2 hour rated doors. K6. Date of Plan Approval: 1964 and 1996 K7: Life Safety Code surveyed under 2000 Existing Health Care K8: Total Beds=60;NF=60 K9: The facility meets the Life Safety Code standards based on acceptance of a plan of corrections "NFPA" National Fire Protection Association	K 000		
K 075 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Soild linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not attended. 19.7.5.5	K 075	The facility will ensure that the average density of container capacity in a room or space does not exceed .5 gal/sq. ft. Staff will be educated on this requirement and instructed to ensure that the number of containers placed in a room or restroom does not exceed the standard. The Director of Nurses is responsible for education and training and for ensuring that staff adhere to the requirement.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 4/25/05

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Acceptance of this POC with Kent Ward ADM, 00 4/27/05 @ 1:10pm via telephone.

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4/22/05

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K 075	Continued From page 1 This STANDARD is not met as evidenced by: Based on observations and staff interview on 4/4/05 between 2 PM and 3 PM, The facility failed to limit the amount of soiled linen or trash collection receptacles in 2 of 4 restrooms and shower rooms in accordance with NFPA 101 Section 19.7.5.5. The findings were: 1. Two 32-gallon soiled linen containers were located in the restroom near the nurses' station. Based on square footage of the room, the Code only allows one soiled utility container. 2.Five 32-gallon soiled linen containers were located in the north hall. Based on square footage of the room, no more than four soiled utility containers are permitted by Code. 3. Maintenance staff verified more soiled utility containers than the Code allows were stored in the two locations.	K 075	The Maintenance Department will conduct periodic inspections to ensure that the regulation is being adhered to. The Maintenance Manager is responsible for conducting the periodic surveys. These actions will be implemented and completed by May 6, 2005.	
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observation and staff interview on 4/4/05 between 2 PM and 2:30 PM, the facility failed to provide an electrical system in accordance with NFPA 70 Section 400-8. The findings were: 1. An extention cord supplying power to the television was located in resident room #309. Maintenance staff verified the use of the extension cord.	K 130	The facility will provide an electrical system in accordance with NFPA 70 Section 400-8. The Maintenance Department will remove all extension cords in the facility.	

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			Staff will be reminded that extension cords are not to be used and asked to remove extension cords when residents or families bring them into the facility. The Maintenance Department will conduct periodic inspections to ensure that the regulation is being adhered to. The Maintenance Manager is responsible for conducting the periodic surveys. These actions will be implemented and completed by May 6, 2005.	